

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
2003-01

2. STATE
MS

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE
January 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.204 and 447.205

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 \$ -0-
b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Page 7a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-A, Page 7a

10. SUBJECT OF AMENDMENT: **This State Plan Amendment allows the Division of Medicaid to make disproportionate share payments to High Disproportionate Share Hospitals with Medicaid inpatient utilization rates of 75% of the mean Medicaid inpatient utilization rate for all in-state hospitals receiving Medicaid payments.**

11. GOVERNOR'S REVIEW (*Check One*):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Rica Lewis-Payton**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **February 20, 2003**

16. RETURN TO:

**Rica Lewis-Payton, Executive Director
Miss. Division of Medicaid
Attn: Rose Compere
239 North Lamar Street, Suite 801
Jackson, MS 39201-1399**

17. DATE RECEIVED

2/21/03

18. DATE APPROVED

3/12/03

19. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/03

SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

CHARLENE BROWN

22. TITLE

Deputy Director, CMSO

23. REMARKS

The hospital=s Medicaid inpatient utilization rate is at least 75% of the mean Medicaid inpatient utilization rate for in-state (located in Mississippi) hospitals receiving Medicaid payments in Mississippi; or

- (2) the hospital=s low-income utilization rate exceeds twenty-five percent (25%). For purposes of this paragraph, the term Low-income utilization rate≡ means, for a hospital, the sum of:
- (a) a fraction (expressed as a percentage) the numerator of which is the sum (for a period) of the total revenues paid the hospital for patient services under an approved Medicaid State Plan and the amount of the cash subsidies for patient services received directly from State and local governments, and the denominator of which is the total amount of revenues of the hospital for patient services (including the amount of such cash subsidies) in the period; and
 - (b) a fraction (expressed as a percentage) the numerator of which is the total amount of the hospital=s charge for inpatient hospital services which are attributable to charity care in a period less the portion of any cash subsidies for patient services received directly from State and local governments. The total charges attributable to charity care shall not include contractual allowances and discounts (other than for indigent patients not eligible for medical assistance under an approved Medicaid State Plan); and the denominator of which is the total amount of the hospital=s charges for inpatient hospital services in the hospital in the period.

Tn No 2003-01
Supersedes
Tn No 2002-21

Date Received
Date Approved
Date Effective

FEB 21 2003
MAR 17 2003
JAN 1 2003